

REGION II START HEALTH AND SAFETY PLAN  
EMERGENCY RESPONSE/SITE INVESTIGATION

(Revised 18 March 1996)

210745



TDD No. 02 97 02 0015

Site Name: Cornell - Dub. Co.

Site Address: Street No. \_\_\_\_\_

City

SOUTH PLAINFIELD

County/State

MIDDLESEX County, NJ

Directions to Site: (Attach Map) RT 287 → Durham Ave → make R @  
end of ramp to Hamilton Blvd. Hamilton Blvd. to Spier  
Ave.

Historical/Current Site Information:

1936  
Cornell - Dub. Co. was in operation from 1956 to  
1962. The company manufactured electronic components,  
including capacitors. It is alleged that Cornell - Dub. Co.  
disposed of PCB & other hazardous substances @ the site

Incident Type:

☐ Air Release - \_\_\_\_\_

☐ Spill - \_\_\_\_\_

☐ Fire - \_\_\_\_\_

☒ HW Site - \_\_\_\_\_

Location Class: ☐ Industrial ☐ Commercial ☒ Urban/Residential ☐ Rural

USEPA Contact: E. Wilson

Date of Initial Site Activities: 10 / 27 / 97

Original HASP: ☒ Yes or No \_\_\_\_\_

Modification Number: \_\_\_\_\_

Lead START: M. Mahankorff

Site Health & Safety Coordinator: M. Mahankorff

Health & Safety Alternate: P. Potvin

Response Activities/Dates of Response (fill in as applicable)

Emergency Response:

☐ Perimeter Recon. \_\_\_\_\_

☐ Site Entry \_\_\_\_\_

☐ Visual Documentation \_\_\_\_\_

☐ Multi-Media Sampling \_\_\_\_\_

☐ Decontamination \_\_\_\_\_

Assessment:

☒ Perimeter Recon. 10/27/97 - 11/27/97

☐ Site Entry "

☐ Visual Documentation "

☐ Multi-Media Sampling "

☒ Decontamination 10/27/97 - 11/27/97

### Physical Safety Hazards to Personnel

- ☐ Heat ☐ Cold ☒ Precipitation ☐ Confined Space ☐ Terrain
- ☒ Walking/Working Surfaces ☐ Fire & Explosion ☐ Oxygen Deficiency
- ☐ Underground Utilities ☐ Overhead Utilities ☐ Heavy Equipment
- ☐ Unknowns in Drums, Tanks, Containers ☐ Ponds, Lagoons, Impoundments
- ☐ Rivers, Streams ☐ Pressurized Containers, Systems ☐ Noise
- ☐ Illumination ☐ Nonionizing Radiation ☐ Ionizing Radiation

### Biological Hazards to Personnel

- ☐ Infectious/Medical/Hospital Waste ☐ Non-domesticated Animals ☒ Insects
- ☒ Poisonous Plants/Vegetation ☐ Raw Sewage

### Training Requirements

- ☒ 40 Hour General Site Worker Course with three days supervised experience
- ☐ 24 Hour Course for limited, specific tasks with one day supervised experience
- ☐ 24 Hour Course for Level D site with one day supervised experience
- ☒ 8 Hour Annual Refresher Health and Safety Training
- ☒ 8 Hour Management/Supervisor Training in addition to basic training course
- ☐ Site Specific Health and Safety Training
- ☐ Pre-entry training for emergency response skilled support personnel

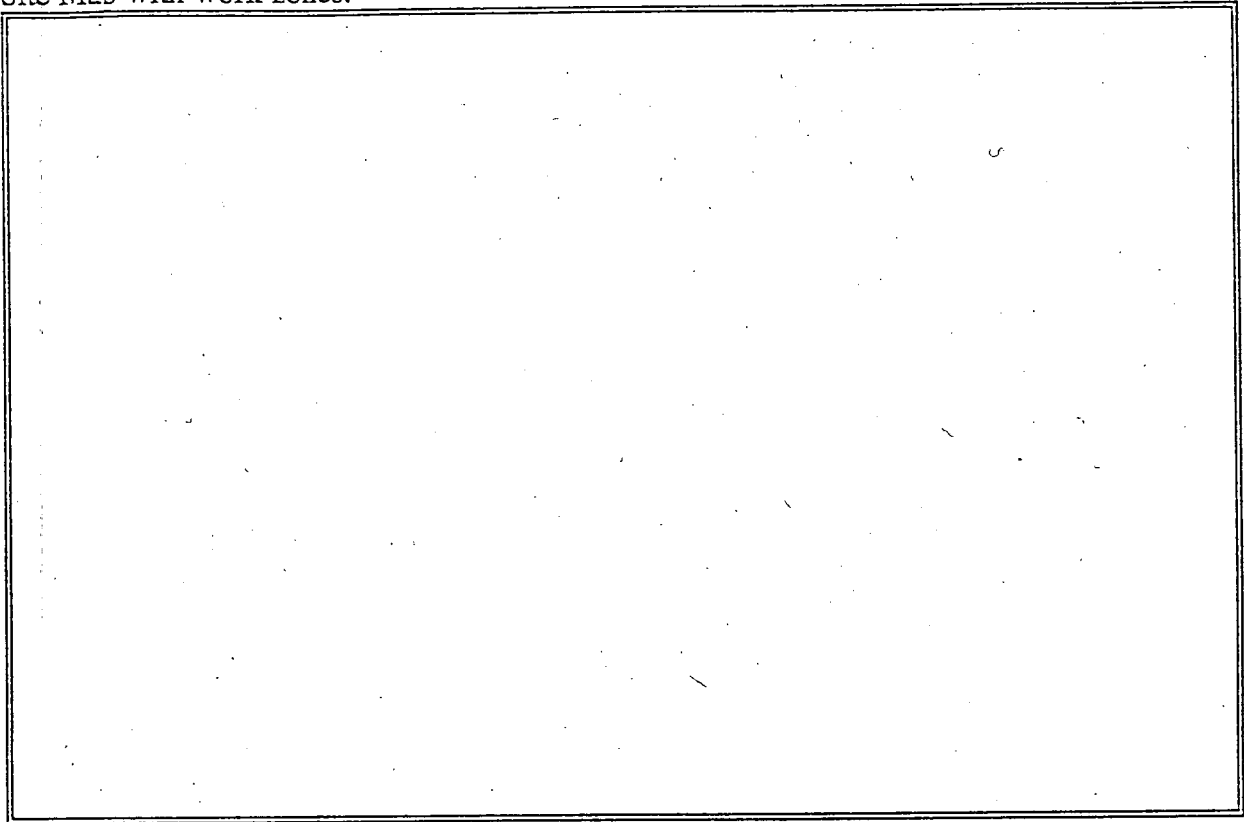
### Medical Surveillance Requirements

- ☒ Baseline initial physical examination with physician certification
- ☒ Annual medical examination with physician certification
- ☐ Site Specific medical monitoring protocol (Radiation, Pesticide, PCB, Metals)
- ☐ Asbestos Worker medical protocol
- ☐ Exempt from medical surveillance \_\_\_\_\_
- ☒ Examination required in event of chemical exposure or trauma

Physical Parameters	Chemical Contaminant <u>PCB Chlorobiphenyls (544 CL)</u>	Chemical Contaminant	Chemical Contaminant
Exposure Limits IDLH Level	<p>_____ ppm <u>5</u> mg/m<sup>3</sup> PEL</p> <p>_____ ppm <u>5</u> mg/m<sup>3</sup> TLV</p> <p>_____ ppm <u>5</u> mg/m<sup>3</sup> IDLH</p> <p><u>Carcinogen</u></p>	<p>_____ ppm _____ mg/m<sup>3</sup> PEL</p> <p>_____ ppm _____ mg/m<sup>3</sup> TLV</p> <p>_____ ppm _____ mg/m<sup>3</sup> IDLH</p>	<p>_____ ppm _____ mg/m<sup>3</sup> PEL</p> <p>_____ ppm _____ mg/m<sup>3</sup> TLV</p> <p>_____ ppm _____ mg/m<sup>3</sup> IDLH</p>
Physical Form (Solid/Liquid/Gas) Color	<p><input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid</p> <p><u>below 50°F</u> Gas</p> <p><u>pale yellow</u> Color</p>	<p>_____ Solid _____ Liquid</p> <p>_____ Gas</p> <p>_____ Color</p>	<p>_____ Solid _____ Liquid</p> <p>_____ Gas</p> <p>_____ Color</p>
Odor	<u>Hydrocarbon (mild)</u>		
Flash Point Flammable Limits	<p><u>—</u> Degrees F or C</p> <p><u>—</u> % UEL <u>—</u> % LEL</p>	<p>_____ Degrees F or C</p> <p>_____ % UEL _____ % LEL</p>	<p>_____ Degrees F or C</p> <p>_____ % UEL _____ % LEL</p>
Vapor Pressure	<u>0.00206</u> mm/Hg	_____ mm/Hg	_____ mm/Hg
Vapor Density	_____ Air = 1	_____ Air = 1	_____ Air = 1
Specific Gravity	<u>1.38</u> Water = 1	_____ Water = 1	_____ Water = 1
Solubility	<u>INSOL.</u>		
Incompatible Material	<u>Strong oxidizer</u>		
Routes of Exposure	<p><u>X</u> Inh <u>X</u> Abs</p> <p><u>X</u> Con <u>X</u> Ing</p>	<p>_____ Inh _____ Abs</p> <p>_____ Con _____ Ing</p>	<p>_____ Inh _____ Abs</p> <p>_____ Con _____ Ing</p>
Symptoms of Acute Exposure	<p><u>Fat - Irr. eyes, ch. lumen</u></p> <p><u>ABS - Liver Dis. Neph.</u></p> <p><u>ENG - collect (cans.)</u></p>		
First Aid Treatment	<p><u>EYE - WASH, flush, -</u></p> <p><u>SKIN - JUMP WASH</u></p> <p><u>BREATH - resp. support</u></p> <p><u>SWALLOW - med. atten.</u></p>		
Ionization Potential	_____ eV	_____ eV	_____ eV
Instruments for Detection	<p>_____ PID w/ _____ Probe</p> <p>_____ FID _____ CGI _____ RAD</p> <p>_____ Det Tube _____ pH</p> <p>Other _____</p>	<p>_____ PID w/ _____ Probe</p> <p>_____ FID _____ CGI _____ RAD</p> <p>_____ Det Tube _____ pH</p> <p>Other _____</p>	<p>_____ PID w/ _____ Probe</p> <p>_____ FID _____ CGI _____ RAD</p> <p>_____ Det Tube _____ pH</p> <p>Other _____</p>

## Control Measures

Site Map with work zones:



### Work Zone Definitions:

Exclusion Zone - the area where contamination is either known or expected to occur and the greatest potential for exposure exists. The outer boundary of the Exclusion Zone, called the Hotline, separates the area of contamination from the rest of the site.

Contamination Reduction Zone (CRZ) - the area in which decontamination procedures take place. The purpose of the CRZ is to reduce the possibility that the Support Zone will become contaminated or affected by the site hazards.

Support Zone - the uncontaminated area where workers are unlikely to be exposed to hazardous substances or dangerous conditions. The Support Zone is the appropriate location for the command post, medical station, equipment and supply center, field laboratory, and any other administrative or support functions that are necessary to keep site operations running efficiently.

### Communications:

☒ Buddy System    ☐ Radio    ☐ Air Horn for emergencies  
☒ Hand Signals    ☒ Visual Contact

### Personnel Decontamination Procedures:

( ) Wet Decontamination (procedures as follows)

☒ Dry Decontamination (procedures as follows)

Remove outer boots; remove outer gloves; remove  
outer/coveralls; remove inner gloves

### Equipment Decontamination Procedures:

( ) None

( ) Wet Decontamination (procedures as follows)

☒ Dry Decontamination (procedures as follows)

All PPE & Sampling equipment will be double bagged  
& disposed @ the site.

Adequacy of decontamination determined by: M. Markoff/Hes Sup.

### Personal Protective Equipment

TASK TO BE PERFORMED	ANTICIPATED LEVEL OF PROTECTION	TYPE OF CHEMICAL PROTECTIVE COVERALL	INNER GLOVE OUTER GLOVE BOOT COVER	TYPE OF APR CARTRIDGE OR CANISTER
<u>Sampling</u>	<u>D</u>	<u>Tyvek/ Coveralls</u>	<u>Blue nitriles</u>	<u>—</u>

Frequency and Types of Air Monitoring: ( ) Continuous ( ) Routine - \_\_\_\_\_ ( ) Periodic - \_\_\_\_\_

DIRECT READING INSTRUMENTS	COMBUSTIBLE GAS/OXYGEN METER	RADIATION SURVEY METER/PROBE	PHOTO IONIZATION DETECTOR & PROBE	FLAME IONIZATION DETECTOR	CHEMICAL DETECTOR TUBE	OTHER
ID NUMBER						
CALIBRATION DATE						
START MEMBER						
ACTION LEVEL	$\geq 20\%$ LEL $\leq 19.5\%, \geq 23\%$ O <sub>2</sub> - LEAVE	3X BACKGROUND - CAUTION; 1 mR/HR - LEAVE	UNKNOWN: 0 - 5 UNITS - "C" 5-500 UNITS-"B"	UNKNOWN: 0 - 5 UNITS - "C" 5-500 UNITS-"B"	PEL/TLV COMPARE WITH RESPONSE OF TUBE	

### Emergency Telephone Numbers

Emergency Contact	Location	Phone Number	Notified
Hospital	MVHending Hosp.	668-2405	
Ambulance		911	
Police		911	
Fire Department		911	

Chemical Trauma Capability? ☒ Yes ( ) No

If no, closest backup: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions to Hospital (attach map)

Route verified by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hamilton Blvd → (R) onto Maple Ave → (L) onto  
 Front Hospital is on (R) Side = 1 mi

### Additional Emergency Phone Contacts

<del>WESTON 24-Hour Hotline</del>	<del>610-524-1925 or 610-524-1926</del>
WESTON Medical Emergency Service	800-229-3674
Chemtrec	800-424-9300
ATSDR	404-639-0615
ATF (explosives information)	800-424-9555
National Response Center	800-424-8802
National Poison Control Center	<del>800-948-5869</del> 800-764-7661

HASP prepared by: M. M. K...

Date: 10/22/97

Pre-Response/Entry Approval by: Sam K...

Date: 10/23/97

Verbal Approval/Modification to Original HASP by: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Hazardous Waste Site and Environmental Sampling Activities

Off Site: ☒ Yes ☐ No  
On Site: ☐ Yes ☒ No

Describe types of samples and methods used to obtain samples:

Collect ~ (20) surface soil samples per residence  
in plastic scoops / spatula

Was laboratory notified of potential hazard level of samples? ☒ Yes ☐ No

Note: The nature of the work assignment may require the use of the following procedures/programs which will be included as attachments to this HASP as applicable: Emergency Response Plan, Confined Space entry Procedures, Spill Containment Program.

Disclaimer: This Health and Safety Plan (HASP) was prepared for work to be conducted under the Superfund Technical Assessment and Response Team (START) Contract 68-WO-0036 for Zone I. Use of this HASP by WESTON and its subcontractors is intended to fulfill the OSHA requirements found in 29 CFR 1910.120. Items not specifically covered in this HASP are included by reference to 29 CFR 1910 and 1926.

The signatures below indicate that the individuals have read and understood this Health and Safety Plan.

PRINTED NAME	SIGNATURE	AFFILIATION	DATE
M. Mankoff	M. Mankoff	START II	10/27/97
Erick	Erick Wilson	EPA	10/27/97
Therese Peregusky	Therese Peregusky	START	10/27/97
Paul Brown	Paul Brown	START	10/27/97
Ed May Jr	Ed May Jr	START	10/28/97
Brian McGinn	Brian McGinn	START	10/30/97

Final Submission of HASP by:		Date
Post Response Review by:		
Post Response Approval by:		
START HSO Review by:		